



10/14/2005 12:05 203-975-4658

CONAIR LEGAL DEPT.

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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail****Mail Stop ISSUE FEE**
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7590 08/12/2005

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10/14/2005 CNGUYEN1 00000070 501239 10673082

01 FC:1501 1400.00 DA

02 FC:1504 1400.00 DA

03 FC:8001 15.00 DA

10/673,082

FILING DATE

09/26/2003

FIRST NAMED INVENTOR

Anthony Kit Lun Leung

ATTORNEY DOCKET NO.

884.0208USU

CONFIRMATION NO.

7490

TITLE OF INVENTION: SHOWERHEAD ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/14/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HOGAN, JAMES SEAN	3752	239-461000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Lawrence Cruz
2. Steven A. Garner
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CONAIR CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ONE CUMMINGS POINT ROAD
Stamford, CT. 06902Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
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4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 601239 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Richard A. Margulies
CONAIR CORPORATION
Typed or printed name By: RICHARD A. MARGULIES, VP

Date October 14, 2005

Registration No. _____

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